VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

September 23, 2019

Ms. Sharon Sylvester, Manager
Blue Spruce Home For The Retired
70 Birch Street
Bradford, VT 05033-9027

Dear Ms. Sylvester:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 27, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M Cota RN

Pamela M. Cota, RN
Licensing Chief

PRINTED: 09/06/2019
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0194	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	(X3) DATE SURVEY COMPLETED C 08/27/2019

NAME OF PROVIDER OR SUPPLIER: BLUE SPRUCE HOME FOR THE RETIRED

STREET ADDRESS, CITY, STATE, ZIP CODE: 70 BIRCH STREET, BRADFORD, VT 05033

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site investigation of two complaints was conducted on 08/27/19 by the Division of Licensing and Protection. The following regulatory violations were identified:	R100		
R104 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	See attached	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sharon Sylvester — TITLE: Owner — (X6) DATE: 9-16-19

R104 - 145 POCs accepted 9/23/19 MBertrandRN/PMC

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	0194	A. BUILDING: _____ B. WING _____	C 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUE SPRUCE HOME FOR THE RETIRED	70 BIRCH STREET BRADFORD, VT 05033

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R104	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensue that 1 of 2 sampled residents and/or their legal representative had an admission agreement provided describing all necessary information prior to or at the time of admission, (Resident #1). The findings include the following: Per medical record review, Resident #1 was admitted on 04/23/04. Confirmation was made by the Assistant Manager on 8/27/19 at approximately 9:35 AM that an admission agreement was never provided to Resident #1.	R104	See attached	
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the Registered Nurse (RN) failed to	R145		

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	0194	A. BUILDING: _____ B. WING _____	C 08/27/2019

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R145	Continued From page 2	R145		

develop a written plan of care based on abilities and needs for 2 of 2 sampled residents, (Resident #1 and #2). The findings include the following:

1. Per medical record review for Resident #1, who had a State mandated assessment completed on 8/19/19 by the Assistant Manager and signed and reviewed by the RN on 8/27/19, identifies that the resident requires extensive assistance by staff with bed mobility, and is totally dependent on staff for transfer/dressing/grooming/toileting/personal hygiene and bathing. The resident sits in a specially adjusted powered wheel chair, has developed a 9 pound weight loss since January 2019 and demonstrates behaviors that are not always easy to alter.

Per RN progress notes dated 8/21/19, identifies that the resident created self inflicting injuries that have required the assistance of the local mental health agency.

Confirmation was made by the Assistant Manager on 8/27/19 at approximately 9:35 AM that the care plan for Resident #1 has not been reviewed by the RN since 12/20/18 and does not identify the resident's current status.

2. Per medical record review for Resident #2, who had a State mandated assessment completed on 11/16/18 by the Assistant Manager and signed and reviewed by the RN dated 11/17/18, identifies that the resident is totally dependent requiring 1- 2 staff members for bed mobility/transfer/dressing/grooming/personal hygiene/bathing/eating, has both long and short term memory loss and is dependent on family for decision making. Medical record identifies that

See attached

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R145	Continued From page 3 the resident was hospitalized in June 2019 for 3 days for a gastrointestinal bleed. Confirmation was made by the Assistant Manager on 8/27/19 at approximately 11 AM that the care plan for Resident #2, has not been reviewed by the RN since 12/20/18 and did not identify the resident's current status at the time of transfer on 07/10/19.	R145	See attached	

R104 Resident Care & Home Service

5.1 Admission

5.2a

On 4/23/04, when Resident #1 was admitted to the home, only an ERC/ACCS agreement was done. The owner/manager was unaware that a regular contract needed to be done.

A new contract has been done with Resident #1. We will make sure that from here on out that everything is in place. A new resident checklist will be put in place to make sure that this does not happen again. POC in place 8/29/2019

Per T.C. with facility, the Assistant Manager and owner will ensure corrections are made. MBertrand/PMC

R145 Resident Care & Home Service

5.9c (2)

1. Reviewed and updated the residents care plan to identify her current status. Have received clarification regarding the use of care plans in the home and feel there is a better understanding going forward the care plans must be relevant to the patients' current status and reviewed in an ongoing manner rather then on a period of time basis (yearly). If the changes are expected to be permanent in patients' history this will be included in the care plan. In regards to patients' weight loss this was discussed with her PCP and patient has a new medication changes will be monitored and re-evaluated before referring back to GI at DHMC. The POC in place on 9/12/2019

2. The patients was transferred from our facility to Cottage Hospital on 7/7/2019 for hospice, palliative care due to continued GI bleeding and families desire not to treat and our inability in our home to ensure her comfort at this time. Her care plan was not updated at her time of discharge as we did not anticipate her return to our facility. She was discharged from the hospital to a skilled nursing home facility in Hanover, NH.

Per T.C. with facility, the Registered Nurse will ensure corrections are made. MBertrand/PMC